

CRITERIA FOR PRIOR AUTHORIZATION

Tagrisso® (osimertinib)

PROVIDER GROUP Pharmacy**MANUAL GUIDELINES** The following drug requires prior authorization:
Osimertinib (Tagrisso)**CRITERIA FOR PRIOR AUTHORIZATION FOR OSIMERTINIB:** (must meet all of the following)

- Patient must have a diagnosis of metastatic non-small cell lung cancer (NSCLC)
- Patient must have documentation of a positive epidermal growth factor receptor (EGFR) T790M mutation
- Patient must have progressed on or after EGFR tyrosine kinase inhibitor (TKI) therapy
- Patient must be 18 years of age or older
- Must be prescribed by, or in consultation with, an oncologist or hematologist
- Patient must not be pregnant or breastfeeding
- Patient must have a baseline EKG
- Patient must not be on concurrent strong CYP3A inhibitors or inducers

LENGTH OF APPROVAL: 12 months**Notes:**

- Information on FDA-approved tests for the detection of T790M mutations is available at <http://www.fda.gov/companiondiagnostics> (Cobas EGFR mutation test detects the T790M mutation)
- Males and females must be using effective contraceptive measures
- Patients with a QTc of ≥ 450 msec were excluded from clinical trials